



Request for Verification of State Service

(DPA Rule 599.739)

COMPLETE AND SUBMIT TO DPA

The following service appears to have been omitted from said employee's total state service.

Dates of Employment						Name of Agency, Department, Office, Board or University Where Employed	Class/Title	Time* Base
Appointed			Separated					
Mo	Day	Yr	Mo	Day	Yr			

* Time Base - show full-time, part-time, fractional, intermittent (hourly or daily) or indeterminate.

Employee's Signature and Date

Typed or Printed Name**

Social Security Number

** List all other names under which you have worked for the state and the approximate date used below:

To be completed by the Personnel Office of the department in which the employee is now working.

Reason for request:

☐ Vacation Allowance

☐ 25 yr. Service Award

☐ Reinstatement

☐ Retirement

☐ **SECOND REQUEST**

☐ Other _____

☐ Department has no record of above service.

☐ Attached is evidence of above service.

Please Enter the requesting department's
IMS code and address here:

Department Representative's Signature and Date

Phone Number